

Step 1: Basic Client Information

Please complete the following basic client information and note that all fields with an * are required fields. This information is used to close an open enrollment by performing the exit workflow. The response “Data Not Collected” means the question was not asked of the client and will report as missing on reports.

Basic Client Information:*

First Name:* _____ Last Name:* _____
 Middle Name: _____ Suffix: _____
 Birthdate:* _____ Social Security Number:* _____

Step 2: Project Exit

Complete the project exit information and please note all fields with an * are required fields. Complete additional forms for each household member to be exited.

Exit Date:* _____

Destination:*

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Emergency Shelter, including hotel or motel paid for with shelter voucher <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Permanent Supportive Housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab) <input type="checkbox"/> Psychiatric Hospital or Other Psychiatric Facility <input type="checkbox"/> Substance Abuse Treatment or Detox Center <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, Prison, Juvenile Detention Facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Staying or living with family, temporary tenure (e.g., room, apartment or house) <input type="checkbox"/> Staying or living with friends, temporary tenure (e.g., room, apartment or house) <input type="checkbox"/> Hotel or Motel paid for without emergency shelter voucher | <ul style="list-style-type: none"> <input type="checkbox"/> Foster Care Home or Foster Care Group Home <input type="checkbox"/> Place not meant for habitation (e.g., vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) <input type="checkbox"/> Other <input type="checkbox"/> Safe Haven <input type="checkbox"/> Rental by client, VASH Subsidy <input type="checkbox"/> Rental by client, with GPD TIP housing subsidy <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> No exit interview completed <input type="checkbox"/> Rental by client, other (non-VASH) ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Staying or living with family, permanent tenure <input type="checkbox"/> Staying or living with friends, permanent tenure <input type="checkbox"/> Deceased <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected |
|---|--|

Exit Reason:*

- Left for a housing opportunity before completing the program
- Completed program
- Non-payment of rent/occupancy charge
- Non-compliance with Program
- Criminal activity/destruction of property/violence
- Reached maximum time allowed by program
- Needs could not be met by program
- Disagreement with rules/persons
- Death
- Other*
(Other Exit Reason _____)
- Unknown/Disappeared

End Case Assignment:

Covered by Health Insurance:*

- Yes No
- Client Doesn't Know Client Refused
- Data Not Collected

Type:*

- Private - COBRA
- Private – Employer
- Private – Individual
- Medicare
- Medicaid
- State Children's Health Insurance Program (S-CHIP; not Medicaid or HIP)
- Military Insurance
- Other Public
- State Funded (HIP or HIP 2.0)
- Indian Health Service (Native American)
- Other _____

Status:*

- Active
 - Start Date: _____
 - End Date: _____
- No
 - Applied; decision pending
 - Applied; client not eligible
 - Client did not apply
 - Insurance type N/A for this client
 - Client Doesn't Know
 - Client Refused
 - Data Not Collected

ClientTrack Barriers Assessment:*

<u>Barriers:*</u>	<u>Barrier Present?</u>	<u>Receiving Services/Treatment?</u>	<u>Condition Indefinite?</u>	<u>Documentation on File?</u>
Alcohol Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Developmental Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No

If client reports "Alcohol Abuse, Drug Abuse and/or Mental Health" as present barriers, complete the following:

How confirmed:

- Unconfirmed; presumptive or self-report
- Confirmed through assessment and clinical evaluation
- Confirmed by prior evaluation or clinical records

Serious Mental Illness (SMI):

- No
- Unconfirmed; presumptive or self-report
- Confirmed through assessment and clinical evaluation
- Confirmed by prior evaluation or clinical records
- Client Doesn't Know
- Client Refused

Crimes:*

Incident Date:* _____

Abuser:* _____

Abuser DOB: _____

Relationship to Victim:

- Parent Other Caretaker
- Grandparent Spouse
- Guardian Intimate Partner
- Other Family Member Sibling
- Other Non-Family Member Acquaintance
- Stranger

Crime:*

- Adult Survivor of Child Physical Abuse/Neglect Incest
- Adult Survivor of Child Sexual Abuse Kidnapping
- Aggravated Harassment Rape
- Assault Robbery
- Bias/Hate Crime Sexual Assault
- Burglary Stalking
- Criminal Mischief Strangulation
- Custodial Interference Trafficking
- Child Abuse – Physical/Neglect Violation of Order of Protection
- Child Abuse – Sexual
- Domestic Violence
- Elder Abuse
- Harassment
- Homicide
- Identity Theft

Financial Assessment:* Cash Income:* Yes No

- Earned Income \$ _____
- Private Disability Insurance \$ _____
- Unemployment Insurance \$ _____
- Worker’s Compensation \$ _____
- Pension From Former Job (VA Included) \$ _____
- Supplemental Security Income \$ _____
- Social Security Disability Income \$ _____
- Retirement (Social Security) \$ _____
- Alimony \$ _____
- VA Service-Connected Disability \$ _____
- VA NonService-Connected Disability \$ _____
- TANF \$ _____
- Child Support \$ _____
- Other Income \$ _____

VOCA Victimization Category

- A. Child Physical Abuse
- B. Child Sexual Abuse
- C. DUI/DWI Crashes
- D. Domestic Violence
- E. Adult Sexual Abuse
- F. Elder Abuse
- G. Adults Molested as Children
- H. Survivors of Homicide Victims
- I. Robbery or Bank Robbery
- J. Assault
- K. Violent Crime
- L. Economic Exploitation and Fraud
- M. Hate Crimes
- N. Other
- O. Stalking

Primary Victimization

Repeat Victim

- Yes No
- Client Doesn’t Know Client Refused
- Data Not Collected

Non Cash Benefits:* Yes No

- Food Stamps/Money for Food on Benefits Card \$ _____
- Special Supplemental Nutrition Program (WIC)
- TANF Child Care Services
- TANF Transportation Services
- Other TANF Funded Services
- Section 8, Public Housing, Other Rental Asst. (PSH) \$ _____
- Temporary Rental Assistance (RRH) \$ _____
- Other Source

Adult Education Assessment:*

Currently in School/Working on Degree:

- Yes No
- Client Doesn't Know Client Refused
- Data Not Collected

Received Vocational Training/Apprenticeship:

- Yes No
- Client Doesn't Know Client Refused
- Data Not Collected

Highest Grade Completed:*

- School program does not have grade levels High School Diploma
- Less than grade 5 GED
- Grades 5-6 Some college
- Grades 7-8 Client Doesn't Know
- 9th Grade Client Refused
- 10th Grade Data Not Collected
- 11th Grade
- 12 Grade, no diploma

Attendance Status:

- Attending school regularly
- Attending school irregularly
- Graduated from high school
- Obtained GED
- Dropped out
- Suspended
- Expelled
- Client Doesn't Know
- Client Refused
- Data Not Collected

Secondary Education:

- Associates Degree Client Doesn't Know
- Bachelors Client Refused
- Masters Data Not Collected
- Doctorate
- Other Graduate/Professional Degree
- Certificate of Advanced Training or Skilled Artisan

Child Education Assessment:*

Highest Grade Completed:*

- School program does not have grade levels
- Less than grade 5
- Grades 5-6
- Grades 7-8
- 9th Grade
- 10th Grade
- 11th Grade
- 12 Grade, no diploma
- High School Diploma
- GED
- Some college
- Client Doesn't Know
- Client Refused
- Data Not Collected

Current Enrollment Status:*

- Yes No
- Client Doesn't Know Client Refused
- Data Not Collected

If Yes, Type of School:

- Public School Technical/Career
- Homeschool Client Doesn't Know
- Charter Client Refused
- Parochial or Other Private School Data Not Collected

School Name: _____

Connected w/McKinney-Vento School Liaison?

- Yes No
- Client Doesn't Know Client Refused
- Data Not Collected

If not enrolled, Last Enrollment Date: _____

Reason Not Enrolled: _____

Legal Assessment:*

Assessment Description: _____

Are you currently involved in any of the following legal situations?

- Divorce
- Eviction
- Bill Collector
- Pending Criminal Charges
 - Description: _____
- Order of Protection
- Probation/Parole
- Custody Issues
- Child or Spousal Support
- Warrant for Arrest
- CPS Involvement
- Other: _____

Do you currently have legal representation?

- Yes
- No

How many days, past 30 days, experiencing legal representation? _____

Legal Description Notes: _____

Transportation Assessment:*

Primary Transit Means:

- Own vehicle
- Ride from friends/family
- Bicycle
- Other: _____
- Bus
- VanTran
- Walk

Vehicle Ownership:

- Own
- Leased
- Borrowed

Vehicle Make: _____

Vehicle Model: _____

Vehicle Year: _____

Vehicle Description: _____

Vehicle Condition:

- Good running condition
- In Need of Repair
- Impounded

Vehicle Condition Description: _____

Registered State: _____

License Plate Number: _____

Insurance Company: _____

Insurance Renewal Date: _____

License Number: _____

License Expiration Date: _____

Other helpful resources at www.IndianaBOS.org.